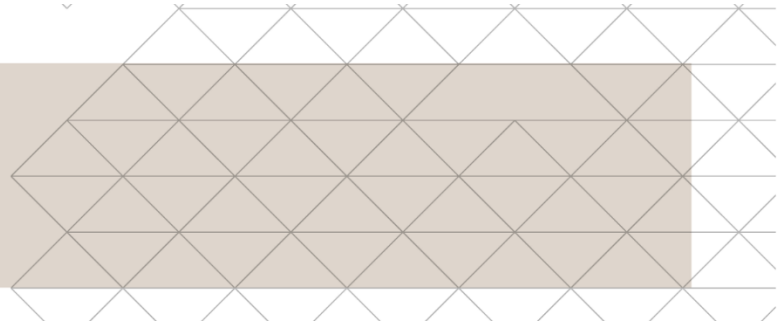**AFRICAN COLLABORATIVE FOR HEALTH FINANCING SOLUTIONS**

Use of outcome harvesting in Namibia

How did the harmonization of two parallel resource tracking activities effect the broader health system?

March 2022

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Acknowledgements

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Abbreviations

ACS   African Collaborative for Health Financing Solutions

GRN   Government of the Republic of Namibia

HA   Health Accounts

HRT   Harmonized resource tracking

MELA   Monitoring, Evaluation, Learning, and Accountability

MoHSS   Ministry of Health and Social Services

NASA   National AIDS Spending Accounts

PSEMAS Public Service Employee Medical Aid Scheme

RQ   Research question

SHA   Systems Health Accounts

UHC   Universal health coverage

USAID   United States Agency for International Development

Introduction

The African Collaborative for Health Financing Solutions (ACS) is a five-year, United States Agency for International Development (USAID)-funded project supporting six sub-Saharan African countries (Benin, Botswana, Burkina Faso, Namibia, Uganda, and Togo) advance their universal health coverage (UHC) agenda. Specifically, ACS works to support its countries march towards UHC around five core functional areas:

- Continuous demand assessment
- Multi-stakeholder collaboration
- Strengthening accountability mechanisms
- Promotion of continuous learning
- Provision of health financing technical support

In Namibia, ACS collaborated with national stakeholders to identify the following priority areas: 1) Secure stakeholder consensus on the package of HIV/AIDS services for epidemic control; 2) Cost the package of HIV/AIDS services; 3) Support the government to institutionalize health and HIV/AIDS expenditure tracking; 4) Determine the feasibility and potential cost savings of giving Public Service Employee Medical Aid Scheme (PSEMAS) beneficiaries access to HIV/AIDS medication and supplies procured centrally by the Ministry of Health and Social Services (MoHSS); and 5) Support the government's sustainability planning efforts. These priorities are anticipated to assist the Government of the Republic of Namibia (GRN) to ensure that sustainable financing for the HIV/AIDS response serves as a key component of the country's UHC agenda and that steps are taken to plan and prepare for sustainable HIV epidemic control.

The purpose of this paper is to provide an overview of the use of an outcome harvesting methodology to identify the outcomes (both positive and negative) produced through the efforts to harmonize Namibia's resource tracking, as supported by the ACS Project. The report highlights the methodology that was used, the results of the outcome harvesting and validation process, and discusses the unique challenges with taking this approach in the COVID-19 context within Namibia.

Overview of the study

With a relatively strong economy motivating international funders to reduce their investment in the country's health system, Namibia is facing constant pressure to achieve several health outcomes with its narrow budget, warranting a strong interest in sustainable health financing from health actors. Decision-makers are aware that sustainable health financing decisions require sound information to underpin successful policies and interventions. Decision-makers also recognize that access to reliable resource tracking information is essential to making comprehensive strategic investment decisions for the desired health outcomes.[1]

As a relatively young country who gained its independence in 1990, Namibia conducted its first resource tracking exercises in 2002. Until 2019, the country tracked its health-related

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[1] Resource tracking consists of tracking past expenditures on health or on a specific disease in a country, as well as the flow of funds throughout the entire health system. The obtained information enables a detailed understanding of where the money comes from, who manages the funds, and how the funds are spent.

expenditures simultaneously using two methodologies: Systems of Health Accounts (SHA), more recently referred to as the Health Accounts (HA), and the National AIDS Spending Assessment (NASA). SHA and NASA have different scopes in that the SHA focuses on all spending on health, while the NASA is disease-specific and focuses on HIV spending only, which includes health and non-health spending, and may also include spending on integrated efforts for co-morbidities (such as TB prevention for HIV-positive persons). While the SHA also estimates HIV spending specifically, as it is one of the key diseases that can be tracked separately within the SHA framework, the approach and level of detail of tracking HIV expenditures is slightly different to the NASA's. Historically, SHA was implemented with oversight by the Policy Planning & Human Resources Development Directorate (PPHRD), while NASA was done by Directorate of Special Programs (DSP), both of which are housed within the MoHSS.

National stakeholders recognized that the simultaneous use of these donor-driven methodologies were both time-consuming and draining on the country's financial resources. The application of these siloed methodologies resulted in inefficient and inconsistent management of limited health resources. It is from that perspective the Ministry of Health and Social Services (MoHSS), in collaboration with the ACS project, developed an approach that ensures the needs for both general health and HIV expenditures data can be fulfilled through one efficient and inclusive process that meets the requirements of both the SHA and NASA methodologies. The current hurdle is understanding the processes and decisions necessary to support this transition to a harmonized approach and the necessary steps to build the capacity and sustainability of country stakeholders to implement it in the future.

Purpose of the study

The ACS Harmonized Resource Tracking (HRT) evaluation team used systems mapping, process tracing, and outcome harvesting exercises in an attempt to demonstrate how, via the interventions of the ACS project, structures and processes of the Namibian Health System shifted over time to support the harmonized resource tracking (HRT) approach. The combination of exercises sought to illuminate what changes occurred across the system, why those changes may have occurred, and the positive and negative results of those system changes. The following three questions guided the assessment:

1. **What changes occurred for whom, where, and when?**

This study aimed to understand the changes observed regarding resource tracking for the health system. As such, the study focused on a sub-system of interest—the actors and interactions involved in health system resource tracking. Focusing on this sub-system enabled the efficiency of the assessment by clearly delineating the area of interest and refining the data collection tools. Without a boundary, the length and scope of the data collection could continue to grow over time. In addition, working in a sub-system that is well defined created supportive conditions for testing the feasibility of this innovative combination of methods in measuring systems change over time before attempting the approach on a larger, less well-defined system. Lessons from this study can be used to not only determine how resource tracking activities have led to changes in the broader system but also provide an example of how bundled approaches to health system strengthening measurement, evaluation, research, and learning (MERL) for those interested in new approaches to measuring system change.

2. How and why did these observed system changes occur?

After identifying system changes before and after the launch of the HRT approach, the study focused on understanding how those changes occurred and why. Specifically, the HRT research team documented the steps required to ensure buy-in and agreement on the move to HRT among key system stakeholders, the specifics of ACS contributions to the way system changes occurred, and finally, determining, with certainty, the value add of ACS's support in harmonizing the resource tracking methodologies.

3. What do these changes mean for the HIV/AIDS response in Namibia and overall functioning of the health system?

Once the changes across the resource tracking sub-system are identified as well as the mechanisms used to achieve those changes, there was a need to understand the significance of the outcomes (positive and negative) in relation to the HIV/AIDS response as well as their potential carry-over effects on the broader Namibian health system. The significance is an important factor when trying to understand what a change in the efficiency of resource tracking means in the Namibian context, as expressed by the actors within that system. It answers the question, "why is the outcome important for allocative efficiency within the HIV/AIDS response or Namibian health system more broadly?" It provides practical information about how a gain in efficiency, for example, can be used to support other parts of the health system in Namibia and why it should matter to those within the health system.

Outcome harvesting methodology

In conducting this HRT Assessment, the HRT evaluation team focused on answering the following research questions (RQ) to determine what changes occurred in the Namibian resource tracking system over time; how those changes were influenced or affected by the implementation of a single, harmonized approach to health expenditure tracking; and what outcomes that harmonized approach produced (both positive and negative) across the resource tracking system and the broader health system.:

- RQ1: How has the resource tracking system in Namibia changed over time due to the implementation of a single, harmonized health expenditure tracking methodology?
- RQ2: How have the interventions of the ACS project contributed to shifts in the resource tracking system in Namibia over time?
- RQ3: What are the outcomes (both positive and negative) on the health system that have resulted from the implementation of a single, harmonized, resource tracking methodology in Namibia?

The team designed a combination of evaluation activities to enable the answering of these RQs. In the systems mapping activity, our team focused on answering what changes happened, for who and where, or RQ1 and RQ2. With process tracing, the team unpacked the ways through which the ACS project contributed to those system changes to further support learning around RQ2. For RQ3, the HRT evaluation team identified the approach of outcome harvesting to generate better understanding of the significance of these changes and whether stakeholders immediately affected by and involved in these changes validated that these changes did occur.

Outcome Harvesting Snapshot:
- The HRT Evaluation team reviewed existing documentation and reports, spoke with ACS Namibia country team members, and analyzed qualititative interview transcripts to define a set of draft outcome statements.
- These outcome statements were then validated by external stakeholders within the Namibian resource tracking system in order to create a final set of validated outcome statements related to harmonization of resource tracking exercises.

Main Findings:
- A shift from disputes around two sets of expenditure data to agreement on one set of expenditure data analysis,
- more inclusive engagement of stakeholders in the process of designing, implementing, and analyzing health system resource tracking,
- more comprehensive set of findings where stakeholders no longer have multiple reports to consider and can consider all disease areas at once, and
- a more efficient process for resource tracking that requires less time and less human and financial resources to implement.

Takeaways from the approach: Outcome harvesting is an extremely useful approach to help identify a broader set of expected and unexpected outcomes produced through development assistance. The focus on validating collected outcomes with people who were intimately involved or affected by the activities helps bring a human element into the way practictitioners evaluate and understand their contributions to improving health systems.

Approach

The outcome harvesting approach is not new to the world of evaluation and learning but its widespread use and recognition has increased over the last several years. Its origins lie in the shift towards utilization-focused evaluation and builds on the approach of outcome mapping.[2] In 2016, USAID cited outcome harvesting as a one of five promising complexity-aware monitoring approaches[3] and has been used by organizations such as The World Bank[4], Oxfam[5], and others.

As an approach, it has proven useful in complex situations to help evaluators identify a broader range of outcomes that were produced by an intervention, even if the ability to define those broader outcomes was limited at the onset of the activity or when the ability to clearly isolate activities and outputs as causing a particular outcome are difficult.[6] Thus, outcome harvesting was well aligned to our desire to take a more exploratory approach for understanding how changes to resource tracking could have broader system effects for the Namibian health system, even if affecting proximate parts of the health system weren't the immediate objectives of the HRT activity.

[2] https://www.betterevaluation.org/en/plan/approach/outcome_harvesting#OH_origin
[3] https://www.usaid.gov/sites/default/files/documents/1865/201sad.pdf
[4] https://openknowledge.worldbank.org/handle/10986/20015
[5] https://www.outcomemapping.ca/resource/outcome-harvesting-evaluation-of-oxfam-novibs-global-programme-2005-2008
[6] https://reliefweb.int/report/world/outcome-harvesting-best-practices-learning-reflection

Implementation process and timeline

Traditionally, outcome harvesting uses six main steps for a complete harvesting process[7], as shown in **Figure 1**.

Figure 1: Typical steps for outcome harvesting

The HRT evaluation team followed a similar process and finalized this report at Step 5 where harvest findings are analyzed and interpreted. The team will work with the Namibian stakeholders to support their efforts to use the learnings from this activity to continue improving the HRT process in the future.

> Overview of teams engaged in this activity:
> - **ACS Namibia team**: the ACS partners in Windhoek, including the Project Director, the Health Financing Technical Expert, and the MELA officer.
> - **The HRT Evaluation team**: staff from Results for Development (R4D) including the ACS Senior Monitoring, Evaluation and Learning Advisor, the ACS Regional MELA Officer, and a Senior Program Officer from the Evaluation and Adaptive Learning Practice at R4D.

Design

Before getting into each step of the process and the methodology used, it's important to note that for the purposes of performing an outcome harvest, outcomes are defined as changes in the behavior of individuals, groups, communities, organizations, or institutions[8]. Outcome statements move beyond just naming the change (what changed, for whom, when, and where), but also include information on how an intervention's activities contributed to this change and what is the significance of the change within the system given the development context. The significance is identified through direct engagement of the system stakeholders who support the refinement of

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[7] Outcome Harvesting – Principles, Steps, and Evaluation Applications. Wilson-Grau, R. 2018 https://www.infoagepub.com/products/Outcome-Harvesting
[8] Ibid

the statement to place the outcome within the broader context of the system. Given these aspects of outcome harvesting, it is important that the harvesting team collaborate on the parameters of the design with the ultimate users of the harvesting findings. A critical part of that is ensuring all users of the harvest agree on the definitions of key terms within the intervention's proposed purpose, goal, and activities. From there, it is important that the harvesting team collaboratively identify the key stakeholders with whom they will engage as well as identify a plan on what questions the users hope to answer with the findings from the outcome harvest.

Document Review

The HRT evaluation team began the outcome harvest process in Namibia by reviewing internal documentation. The set of resources included ACS work plans, quarterly and annual reports to USAID, meeting notes from Monitoring, Evaluation, Learning and Accountability (MELA) team check-ins with the ACS Namibia team, and the quarterly analysis of the continuous process documentation[9] reports as submitted by the ACS Namibia MELA officer. The purpose of this step is to utilize existing evidence to harvest as many documented outcomes as possible internally before moving into future steps that require engagement from external stakeholders. At this stage, the HRT evaluation team found that many objectives and outcomes that could be identified in these internal reports were still written in prospective terms or phrased as what the potential of these resource tracking changes could bring to the Namibian health system. While not appropriate to use as outcome statements (outcome statements need to describe something that has observably occurred and for which evidence exists), this information did help the HRT evaluation team understand the areas where outcomes may have been produced by considering where activities were being prioritized.

The HRT evaluation team used this deeper understanding of the initial assumptions and desired results to improve the design of the harvesting tool. The harvesting tool, as seen in Annex 1[10], captures the necessary information to ensure both the harvesters and eventual harvest users (in this case the ACS Namibia team and Namibian stakeholders) agree on the purpose of the development intervention, the approaches used to implement the intervention, and the individuals and organizations the intervention was meant to affect. It also helps to ensure the harvester is writing complete outcome statements by outlining what questions each column must answer to consider something as a proper outcome statement.

As the HRT evaluation team finalized the harvesting tool through validation from the ACS Namibia team, the process for performing key informant interviews for the systems mapping activity had been completed and the HRT evaluation team realized that those interviews were a rich dataset to support the outcome harvesting process. The HRT evaluation team reviewed all the analyzed qualitative data, particularly in relation to the themes looking at system effects and the pros and cons of each resource tracking process to draft concrete outcome statements.

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[9] Process documentation is an ACS approach to project learning and monitoring that builds on methodologies like mapping out business processes or prospective policy analysis. In the ACS context, it aims to follow relevant events and stakeholders related to a particular UHC process. The goal is to continuously learn throughout implementation and identify ways to adjust the intervention strategy and performance.

[10] This tool format was taken directly from the book **Outcome Harvesting Principles, Steps, and Evaluation Applications** written by Ricardo Wilson-Grau (2018) and modified to fit our evaluation needs.

At the end of the document review and outcome statement drafting process, the HRT evaluation team had harvested a total of nine positive outcome statements and five negative outcome statements.

Engage sources

The HRT evaluation team undertook a two-phased approach to engage sources for refinement and validation. For this step, sources are defined as the individuals who were either directly involved in the implementation of the intervention or individuals who were directly or indirectly affected by the outcomes of the intervention. Given that the HRT evaluation team wasn't a part of the intervention's implementation, the HRT evaluation team focused on engaging the ACS Namibia team in the first phase to ensure that the outcome statements were as complete and accurate as possible before engaging with external stakeholders. As Wilson-Grau points out, harvesters want to ensure that they are as well informed on the activities as possible and that their outcome statements are as complete as possible before engaging external stakeholders to preserve a collaborative engagement[11].

During this internal engagement, the helped clarify the learning team's draft outcome statements and supported the team to complete any missing pieces of individual statements. For example, the ACS Namibia phase focused on clarifying the exact ways in which the ACS Namibia project contributed to what the interview respondents were observing as outcomes of the HRT process. The ACS Namibia team agreed with most of the positive statements but had useful recommendations on how to render the statements more accurate. This included providing their perspectives on the significance of the proposed outcomes within the Namibian context, and clarify how the project contributed to those outcomes. This additional clarity on the specific contributions was something that wasn't always clearly outlined in ACS project reporting.

In contrast, the ACS Namibia team had a harder time agreeing with the negative outcome statements that the HRT evaluation team pulled from the qualitative data. The ACS Namibia team cited that they were hard to attribute to the harmonization work directly. Upon reviewing these five draft negative outcome statements with the ACS Namibia team, the HRT evaluation team removed one of the statements due to it being more directly related to COVID-19 complications and recategorized two of the draft negative statements into a new table titled *Limitations of the HRT Approach*. While normal to remove initial draft statements from either the positive or negative outcome statements, this categorization of certain statements as limitations of the proposed intervention is not traditionally a part of the outcome harvesting outputs. However, the HRT evaluation team recategorized these statements as limitations to the desired system change, rather than a negative outcome that the harmonization approach directly on its own. The HRT evaluation team decided it was important to discuss and include these limitation statements as they can act as important findings to support further resource tracking strengthening in the future. This will be discussed more in the discussion and limitations sections.

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[11] Outcome Harvesting – Principles, Steps, and Evaluation Applications. Wilson-Grau, R. 2018 https://www.infoagepub.com/products/Outcome-Harvesting

Upon incorporation of the ACS Namibia team's feedback, the HRT evaluation team initiated the planning and implementation of engaging external sources for outcome statement validation. The list of external stakeholders was based on which Namibian organizations, teams, and individuals were involved in the process of harmonizing the two, parallel resource tracking activities. **Table 1** shows the full list of stakeholder types that were engaged both in the key informant interviews (KIIs) referenced earlier as well as the joint systems mapping and outcome harvesting validation phase.

Table 1: External sources for primary data collection

| Methodology	Stakeholder group	Number of interviews	Total
KII	Government agencies	11	10
KII	Private Sector	1	1
KII	Donors	3	3
		Total	14

KII- Key Informant Interview

Due to some contextual constraints, the HRT evaluation team had to improvise on the usual approach to the validation phase. Traditionally, an outcome harvester will act as a facilitator through individual conversations with external sources, ideally in person, but could also be done via email or teleconferencing options. This wasn't feasible due to several factors including the volatile COVID-19 situation in Namibia between June and September 2021 and the subsequent inability to travel, but also the impact the pandemic had on stakeholder availability. The HRT evaluation team focused on incorporating the external stakeholder validation phase of the outcome harvesting activity into the validation phase of the systems mapping activity. Three virtual validation workshops were conducted over Zoom and through the online collaboration platform Miro.[12]

The HRT team facilitated the process for validating outcome statements using a separate space on the Miro board where the HRT team presented each outcome statement on a sticky note and participants were asked to individually reflect on whether they agree or disagree with the statement. Once the group completed adding their agreement or disagreement to the section beneath the sticky note via a thumbs up or thumbs down icon (or verbally when they were having challenges with the software) the HRT evaluation team asked participants to share reactions about the statement to help refine it and improve it.

In some cases, participants felt unable to say agree or disagree and found themselves wanting to fall somewhere in the middle. In these cases, the project allowed participants to place their thumb in between the two choices and probed that response to understand what hesitations they had on making a definitive choice. **Figure 2** provides a snapshot of that space in the Miro board used for virtual facilitation.

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[12] Miro is an online collaborative whiteboard platform that enables distributed teams to work effectively together, from brainstorming with digital sticky notes to planning and managing agile workflows. Learn more at https://www.miro.com/

Figure 2: Excerpt from Miro board outcome statements
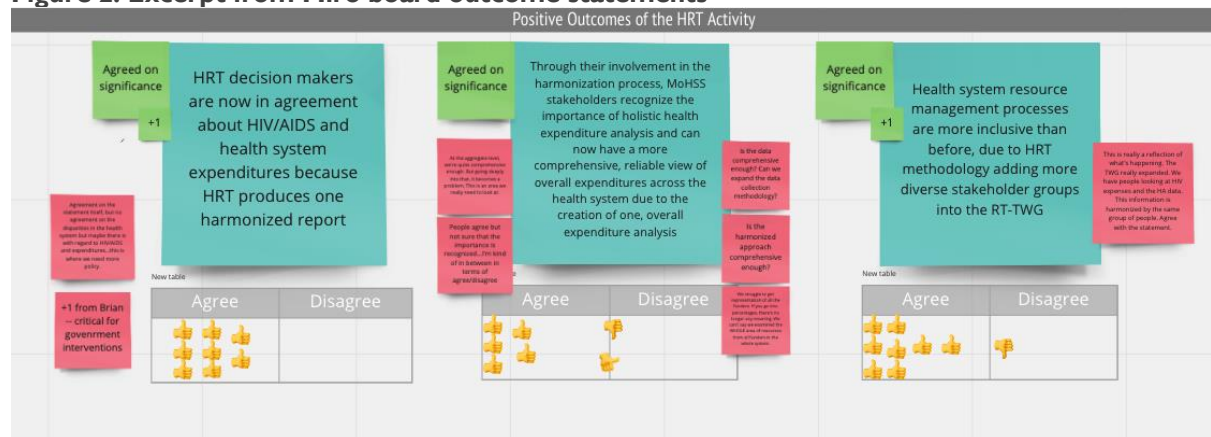
In addition to validating the existing statements, this validation workshop provided an opportunity to source other outcomes, though in this study's case, the external stakeholders didn't have any additions to make. Finally, it is important to note that this group validation workshop acted as the substantiation step, described next.

Substantiate

The step of substantiation is meant to render the outcome harvest as robust/free from bias as possible. However, the HRT evaluation team omitted a separate step of further substantiation from the design of this harvest. As Wilson-Grau states, "There can be solid reasons in favor of the trustworthiness and expertise of the primary and secondary sources that ensure the veracity of the outcome data…"[13] without the need of the additional substantiation step. In the case of this outcome harvest, a few conditions were met that allowed the HRT evaluation team to feel confident about the validation workshop being sufficient:

- The individuals used as the harvest's primary data sources are the most knowledgeable about the changes that this work influenced,
- The approach gather validation from a representative team of the many individuals and organizations involved in or directly affected by this work and who agreed on the final selection of outcomes.

Implementation timeline

The overall implementation timeline for this methodology is shown below. There is a clear time lag between the selection and onboarding of local research consultants and the implementation of data collection process through key informant interviews. This delay was due to the COVID-19 pandemic and is further discussed in the Limitations section below.

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[13] Outcome Harvesting – Principles, Steps, and Evaluation Applications. Wilson-Grau, R. 2018 https://www.infoagepub.com/products/Outcome-Harvesting

Figure 3: Resource Tracking Assessment timeline

Step 1: November 2020
Onboard the ACS Namibia team and conduct a review of existing documents

Step 2: December – January 2021
Select local research consultants, determine sample, and design data collection tools, IRB application process

Step 3: March – May 2021
Conduct interviews and additional document review

Step 4: June 2021
Data analysis and mapping

Step 5: July – August 2021
Draft reports and knowledge products

Step 5: August – October 2021
Findings validation, refining and finalization of products, dissemination

Limitations

Data collection

The data collection process for this outcome harvesting activity included internal documentation review and the incorporation of key informant qualitative data as collected through the accompanying systems mapping activity. The HRT evaluation team led the internal data collection, and two local consultants were contracted to lead the primary data collection process with key informants.

For the internal review, it was noted earlier that most of the internal project reports focused on defining and discussing the prospective benefits of moving to a harmonized approach and the observed challenges of the parallel resource tracking systems, rather than definitive events or outcomes achieved. This is partially due to timing and partially due to the limited scope of quarterly reporting structures. These internal documents did help guide the HRT evaluation team towards the areas of intervention that might hold substantial outcomes, while also helping to inform the initial drafting of systems maps but were not exhaustive enough to fully capture what the move to a harmonized system meant for the stakeholders within the system. Ideally, the data collection process would have included reviewing additional local sources such as media, meeting notes, or press releases, but as noted earlier, the volatile COVID-19 situation and the subsequent constraints that placed on travel limited the HRT evaluation team ability to more effectively exchange with Namibian stakeholders on these additional sources to support the data collection process.

Finally, under normal circumstances, the key informant interviews for the systems mapping activity, which ultimately provided the qualitative data for producing outcome statements, would have been conducted in person. However, at the time of this assessment, the COVID-19 pandemic was surging in Namibia, and it was not feasible to conduct interviews in person as it would lead to undue health risks to the team and the respondents; therefore, the key informant interviews were conducted via Zoom. Unfortunately, it was difficult to connect with some of the key informants, as many of them worked with the Ministry of Health and were busy managing the

response to the COVID-19 crisis—or in some cases, were ill themselves. As a result, the data collection and assessment timelines and assessment were significantly delayed. Once interviews were scheduled, there were some issues with bandwidth/connectivity. Technological difficulties compounded the general limitations of conducting virtual interviews as opposed to in-person (not being able to gauge reactions, body language, sense the type of response and probe more deeply, etc.). Thankfully, the HRT evaluation team was able to gather a wealth of stakeholder perspectives and insights from these key informant interviews that supported the systems mapping activity, but otherwise became a rich resource for the outcome statement drafting process.

Data Analysis and stakeholder validation

After gathering primary data through the systems mapping key informant interviews, the data was coded using Atlas.ti and analyzed to determine key outcomes stakeholders had identified as resulting from the harmonization process. The thematic analysis was used to develop most outcome statements, both positive and negative.

Under normal circumstances, the stakeholder validation process for outcome harvesting would be conducted through individual conversations, ideally in person; however, due to the COVID-19 pandemic and risks (discussed above) three validation workshops were conducted over Zoom using an online collaboration platform Miro where the HRT evaluation team solicited feedback on both the systems mapping and outcome harvesting results.

During virtual validation workshops, some participants had challenges with internet connectivity and/or using the Zoom or Miro platforms. With Miro in particular, participants had varying degrees of comfort interfacing with the platform and thus shared their feedback verbally rather than directly typing/adding feedback. The feedback was coded in real time (by a HRT evaluation team member) by adding participant comments to the Miro board for participants to view/follow along. During group discussions, it became clear that some participants were deferring to more senior participants, demonstrating some limitations to eliciting open/honest feedback due to hierarchy. Additionally, due to the virtual format, the validation workshops had to be shorter (2.5 hours) than the originally planned in-person workshops (full-day) to maintain participants engagement. Sharing findings and obtaining feedback through a virtual workshop on a much tighter timeline resulted in participants expressing the need for more time to review the systems maps and outcome statements individually and sharing feedback. As a result, after the virtual workshops, participants were individually contacted to elicit additional feedback. After this additional outreach and stakeholder review, it was noted that there was consensus on the outcome statements. This demonstrates a strong level of accuracy in the outcome statements from the perspective of those key system actors.

Outcome harvesting findings

Outcome harvesting can help evaluation teams identify a set of conclusive behavior change outcomes for individuals, groups, communities, organizations, or institutions that were produced through an intervention. It will likely focus on outcomes that are visible or experienced by the key informants identified, so careful attention is needed to ensure a diverse set of informants participate. Therefore, outcome harvesting does not guarantee that the harvester will identify all

outcomes produced by an activity given the reliance on existing documentation and the knowledge of the respondents, but will provide concise evidence that certain outcomes did indeed occur, how, and with what significance.

For the purposes of accepting or rejecting certain outcome statements, when more than half of participants disagreed with a statement, the project considered it not acceptable for retention. In places where there were a handful but not more than half disagreements, the statements were further clarified, and questions were documented, and statements were retained.

At the end of our analysis phase, seven positive outcome statements were drafted, two negative outcome statements were drafted, and two limitations of approach statements were drafted. After the team completed the validation stage, five of the positive outcome statements and two limitations of the approach statements were accepted. None of the proposed negative outcome statement were accepted as having been direct outcomes of the ACS work to harmonize the resource tracking systems in Namibia.

Table 2: Proposed and retained outcome statements, summary

Type of outcome statements	# of proposed outcome statements	# of retained outcome statements	% retention
Positive outcomes	7	5	71%
Negative outcomes	5	2	40%
Limitations of HRT	0	2	N/A
Total	**12**	**9**	**75%**

Table 3 contains all the accepted positive outcome statements, their significance, and the ACS contribution to that outcome. **Table 4** contains the accepted statements regarding the limitations of the HRT approach, why these limitations are significant for the future of the HRT process, and initial ideas on overcoming these limitations in the future.

In general, the outcome harvesting process, including the review of the qualitative interviews, shows that the approach to harmonize the SHA/HA and NASA resource tracking approaches resulted in:

- A shift from disputes around two sets of expenditure data to agreement on one set of expenditure data analysis, as one stakeholder mentioned, "I would say it was less and less controversial…it wasn't as though different agencies or different organizations present[ed] different pictures, so I think in that respect, it kind of cleaned the landscape a little bit." In the validation workshop there was unanimous agreement that the HRT process helped remove duplicative and sometimes incongruent findings across the separate exercises' reports.
- A more inclusive engagement of stakeholders in the process of designing, implementing, and analyzing health system resource tracking. 11 interview respondents in the interview data highlighted this benefit, where one respondent shared that, "it brings people from several directorates in the ministry within the same data understanding and within the same advocacy frame."
- A more comprehensive set of findings where stakeholders no longer have multiple reports to consider and can consider all disease areas at once. A respondent mentioned that they,

"…think the most important thing, effect, is the recognition that it is one health sector and overarching policy and direction of the health sector. For sustainability in the HIV response and in other program responses, they must align with the overall objectives and direction of the health sector."

- A more efficient process for resource tracking that requires less time and less human and financial resources to implement. As stated by another stakeholder, "Well, I think it's actually cheaper to run the joint [process] than two separate ones," where the majority of participants of the validation workshop agreed that it is more efficient than separate exercises.

Outcome harvesting's rich methodology also helps better understand the significance of those changes within the context of the Namibian health system. Stakeholders recognize that this harmonized approach:

- Supports more holistic health system decision-making, or as mentioned by one of the respondents in the interview process, "We're not just looking at one disease, but we view the individual holistically. So when you bring all this together, you are able to see what does this mean for the individual, for the person in the country – what does this mean. It's not just a person within the context of HIV, or within the context of another non-communicable disease or whatever, but holistically what does this mean?" Another respondent added, "…when you have [separate resource tracking exercises], which bring together two methodologies, one looking at the whole health sector vis a vis one looking at it as a programmatic approach which tends to be vertical, the message that is communicated is that the Ministry of Health or the health sector is divided and [the harmonized approach] is a more integrated approach for the long term. In the long term, we are not going to fund assessments, spending assessments, for each and every program. So it's important that all of these programs align with the overall Health Accounts, National Health Accounts.This perspective was shared 17 times during the interview process. Another quote from the interview process highlights, "…because now in combination, you will now see if there are programs that are not underfunded, or there are. You can divide the pie in the equal for everybody to benefit."
- Supports deeper collaboration across health system teams which contributes to improved decision-making for resource allocation. As one participant in the validation workshop shared, "This is really a reflection of what's happening. The TWG really expanded. We have people looking at HIV expenses and the HA data. This information is harmonized by the same group of people."
- Supports Namibia's health system evolution away from donor reliance through vertical funded programs towards domestically resourced health programs that think holistically about the population's current needs. For example, one respondent shared that, "Yes, the country's gonna have change in relying less on donor funding for emergencies and the Health Accounts, along with other documents, comes together to form a picture on sustainability that is necessary." Another individual highlighted that, "I'd say it's positive. Because now in combination, you will now see if there are programs that are not underfunded, or there are. You can divide the pie in equal for everybody to benefit."

These findings demonstrate the ability of a discrete opportunity for improvement within one part of a system, if implemented thoughtfully, can translate into improvements across the broader

system. The resources and time saved by moving to HRT means that stakeholders will have more time and money to focus on the decision-making and quality assurance.

Regarding whether or not there were unintended negative consequences from the HRT activity, respondents overwhelmingly disagreed with the learning team's draft negative outcome statements. For example, a drafted negative outcome statement was that, "HRT creates additional confusion on the ultimate owner of the final product and may weaken accountability for the process given an integrated implementation across ministry teams" One participant in the workshop cited that, "The ultimate owner is the owner and the driver of delivery of healthcare in the country- it's the ministry." Another shared that, "This is a social service with multi-sectoral stakeholders and ultimately each and every component of people's jobs should inform the provision of healthcare."

As mentioned earlier, the HRT evaluation team had their own doubts about these potentially negative outcome statements, but the team felt it was important to provide the opportunity for external stakeholder validation and discussion. There was always a possibility that even if a predrafted statement wasn't accepted, it could bring to mind other potentially negative outcomes that the HRT evaluation team hadn't been able to identify. Again, the respondents didn't identify any additional negative outcomes but rather expressing the success and value of the HRT process for Namibia.

Finally, while a majority of the feedback from stakeholders was positive there was also a shared sentiment among the external stakeholders that the process still has room to improve regarding ownership, sustainability, and actively informing strategic health resource allocation according to the population's health needs. The participants in the validation workshops shared that the HRT process still needs support in the following ways:

- Though there were efforts to build capacity within ministry teams to carry out the HRT process, consultants will still be needed to support and are crucial to the success of the approach due to factors such as ministry teams' other work responisbilities, challenges of capacity building given staff turnover, and the need for specialized technical and software skills. This finding highlights the need to consider solutions for ongoing capacity building efforts, perhaps through partnership with a training institute, or through onboarding programs based on the HRT methodological guide that was developed through ACS support.
- There are mixed perceptions on whether or not these more comprehensive health system expenditure reports are used to the extent possible to actually inform health sector budgeting and resourcing. Some stakeholders felt that different teams within the ministry do extensively review this data to inform the health sector budget, but others shared they haven't seen evidence of this data being directly linked to those kinds of decisions. Overall there were five votes in agreement and three opposed. This finding suggests that more work could be done to strengthen, or at least understand, how the HRT report findings influence future health sector budgets.

Table 3: Accepted positive outcome statements from the ACS Namibia RT Harmonization Activity

Positive Outcomes	Significance of the Outcomes	Contribution to the Outcomes
In 1-2 sentences please specify **when** did **who** do **what**, and **where**, that improved allocative efficiency for the Namibian HIV/AIDS response or health system more broadly	In another 1-2 sentences, please describe **why** the outcome is important for allocative efficiency within the HIV/AIDS response or Namibian health system more broadly.	Again, briefly describe **how** and **when** your intervention influenced the outcome. What did you do that directly or indirectly, in a small to large way, intentionally or not contributed to the change?
HRT decision makers are now in agreement about HIV/AIDS and health system expenditures because HRT produces harmonized results	Divergent figures provided by the separated RT methodologies were causing issues to decision makers since they couldn't be sure which report held the accurate information and disputes on which figures were correct impeded efficient allocative decision-making. With HRT, that source of confusion is removed due to a single set of results and discussion can focus solely on what the information means for future resource needs.	ACS ensured that the HRT process was designed in such a way that the data needs of all stakeholders were met and that the data allowed for comprehensive mapping of HIV expenditures from one single dataset, resulting in consistent expenditure estimates across both the overall health and HIV-specific datasets.
Through their involvement in the harmonization process, MoHSS stakeholders recognize the importance of holistic health expenditure analysis and can now have a more comprehensive, reliable view of overall expenditures across the health system due to the creation of one, overall expenditure analysis	With the health system moving away from a reliance on vertical funding, it is important for health decision makers to have an oversight of the movements of their financial resources across all disease areas for an optimization of funds towards the most impactful interventions. The previous independent RT processes increased inconsistent decision-making rather than supporting more comprehensive planning and program design.	ACS led advocacy efforts targeted at the RT-TWG, DSP, and UNAIDS stakeholders on the need to have a holistic view of expenditures to make more holistic decisions between disease programs. ACS also supported the technical design of the analysis process to support more holistic reporting.
Health system resource management processes are more inclusive than before, due to HRT methodology adding more diverse stakeholder groups into the RT-TWG	Health system management being a complex development issue, collaboration is a central element to the identification of appropriate solutions and can support broader buy-in and less disputes over expenditure figures.	Before ACS, there teams working on the two RT processes were siloed where the Health Accounts (HA) TWG didn't have HIV/AIDS stakeholders represented and the NASA team was made up of external consultants. ACS then reinvigorated the HA-TWG into a more inclusive RT-TWG by designing the

		ToR and administrative guidelines they operate under to include broad stakeholder representation, including HIV/AIDS stakeholders
There are increased synergies within the MoHSS departments, allowing for more collaboration and efficient resource tracking as demonstrated by the RT-TWG incorporating DPP and	Before the harmonization process, HA and NASA teams were operating in siloes and performing duplicative stakeholder-based data collection activities and not collaborating or combining efforts to be efficient. With the creation of a harmonized process, synergies for collaboration within MoHSS were created among the HA and NASA stakeholders	Through restructuring of TWG to ensure both DPP and DSP MoHSS staff are represented and selecting 2 individuals from DPP and DSP to for more detailed mentoring on methodology and facilitating their working relationship
Initially reluctant stakeholder groups eventually agreed that the HRT process was the best way forward, overcoming concerns about their specific data needs within the HRT approach	There is universal acceptance of the HRT methodology and its capacity to produce accurate and comprehensive data. Acceptance of the HRT data as a reliable dataset facilitates budgetary/allocative decision-making and reduces need to identify additional data and data sources for decision-making processes.	ACS focused on bringing the different stakeholder groups into the TWG to ensure inclusive representation and ownership, ensuring that they routinely attended the TWG meetings. ACS also had individual meetings with the key stakeholder personnel who were initially hesitant to explain methodology and how it would ensure that their reporting requirements can still be met with a harmonized approach.

Table 4: Accepted limitations of the ACS Namibia RT Harmonization Activity

Limitations of the approach	Significance of the limitation	Way forward
In 1-2 sentences please specify *when* did *who* do *what*, and *where*, that undermines allocative efficiency for the Namibian HIV/AIDS response or health system more broadly	In another 1-2 sentences, please describe *why* the outcome undermines allocative efficiency within the HIV/AIDS response or Namibian health system more broadly.	Briefly describe *how* future efforts can continue to work on these limitations, in a small to large way
HRT continues to require extensive technical capacity support (including ACS support and other donor funded projects in the future)	The fact that the RT-TWG still needs support from international consultants shows a challenge to Namibia's ability to lead HRT fully and independently in the future	MoHSS has budgeted for TA to support HRT process, which nonetheless demonstrates reduced donor reliance for HRT implementation. Continued capacity building will be required to ensure that skills and expertise within the RT-TWG are strengthened further to allow for complete institutionalization.

HRT findings which are intended to improve decision-making and program design are still not extensively used to inform health financing decisions	This can support continued inefficient programmatic design and/or budgetary allocations if the data isn't properly supporting those choices – stakeholders should ensure that funding and design decisions look at impact for cost and disease burden data to ensure the most effective system decisions are being made	Further capacity building of RT-TWG is required on performing analyses of data and interpreting data generated to effectively inform decision-making. Need for more extensive awareness creation on HRT findings and implications on programmatic design and/or budgetary allocations

Discussion and areas for further improvement

Reflections on outcome harvesting

Throughout this assessment, the HRT evaluation team created opportunities to pause and reflect on the overall process, what aspects were challenging, and what aspects seemed very promising. One thing that the team mentioned more than once was the potential for outcome harvesting to be used at several different moments within a project lifecycle, above and beyond an endline application as discussed in this report. For example, in moments where there is a lot of uncertainty on the range of outcomes a particular activity is contributing to, an evaluation team can consider implementing an outcome harvest earlier in the project life cycle to better understand the changes the activities are producing. In addition, outcome harvesting could be used as a tool for program design, not just retrospective evaluation. In instances where an existing project or grant may be coming to an end but there is potential for follow-on support, outcome harvesting could be used to identify where stakeholders feel the approach didn't fully deliver on expected outcomes. It's an opportunity to pause and reflect on what further work can be done, similar to this study's use of limitation statements – a useful tool in an adaptive learning toolbox. Another main reflection is that at the heart of all systems are people, and what makes outcome harvesting a powerful tool for measuring systems change is that outcomes are validated and refined by the individuals within the system. This aligns strongly with the [USAID's framework for local systems.](https://www.usaid.gov/sites/default/files/documents/LocalSystemsFramework.pdf) This framework recognizes the importance of acknowledging the complexity of systems and that the base unit of systems are multiple and interconnected actors. Moreover, this framework highlights the need to broaden results frameworks to track contributions to the strength and sustainability of local actors[14]. Therefore, outcome harvesting can more comprehensively discuss how a system has changed and what that change actually means for those individuals, rather than stopping at the discussion of a process, structure, or policy change. It brings the human perspective into the storytelling process and can help to make findings more compelling to the decision-makers seeking evidence on system change.

Concluding Remarks

This assessment has shown that there are many benefits to a wider use of outcome harvesting as a means of understanding and measuring changes within a system, particularly for interventions operating in complex systems such as health systems. It has demonstrated that engaging with system actors to better understand and contextualize the outcomes a project has contributed to helps explain the significance of an outcome within the broader system. Often times measurement approaches or frameworks are required to cast a tight net around the immediate outputs of a project and the ways in which those outputs ripple across the broader system can be overlooked. Outcome harvesting is an innovative solution to that problem.

This assessment has shown that an activity that was initiated within a vertically funded disease area was able to help health system actors collaborate and move towards more holistic and data-driven decision making regarding Namibia's HIV/AIDS budget and resource allocation but also

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[14] United States Agency for International Development (2022). *Local Systems: A Framework for Supporting Sustained Development.* [White Paper]. https://www.usaid.gov/sites/default/files/documents/LocalSystemsFramework.pdf

create those same improvements for the whole health system budgeting and resource allocation approach. Had the measurement approach focused only on looking at immediate changes regarding HIV/AIDS resource allocation, the evaluation team may not have learned about the ways that this process increased synergies within the ministry or helped provide more holistic data for decision-making at the health system level.

The HRT evaluation team believes that outcome harvesting is a worthwhile approach that should be built into development partners MEL plans where the implementing partners deliberately design their long-term approach to incorporate outcome harvesting rounds during and at the end of implementation to better capture these kinds of health system strengthing outcomes. In the long-term, this kind of exploratory approach to learning could be something that country governments build into their monitoring plans to assist them with uncovering the ripple effects of their work as well.

Looking ahead, there are a few questions that a subsequent learning activity could address to build on the findings of this report:
- How can a more widespread use of this type of evaluation approach help the development sector demonstrate the value of approaches that focus on system change?
- Given the kinds of outcomes captured in this report, would donors and decision-makers find these kinds of outcomes sufficient for mobilizing buy-in, funding, and collaboration for health system strengthening approaches?
- Finally, given that in this assessment outcome harvesting was used in combination with systems mapping and process tracing, the HRT evaluation team wonders what other evaluation approaches could outcome harvesting be effectively matched with in the future? Perhaps social network analysis, most significant change, or other participatory evaluation methods could be considered in a future bundled approach for implementing partners' MERL activities.

Annex 1: ACS Namibia Harmonized Resource Tracking Systems Outcome Mapping

Outcome harvesting instructions and tool

This form is for identifying and formulating outcomes initially from documentation and subsequently from knowledgeable people such as the ACS Namibia team. We are aiming for an average of 10 outcomes across the three main approaches used for this activity for a total of 30 outcomes across the activity's two-year implementation timeline. These three approaches include:

1. **Technical support** to design the harmonized methodology including finalizing sufficient data sources, data collection processes, and analysis plans
2. **Building MoHSS capacity to lead and implement** future harmonized RT processes in the future through trainings and knowledge exchange
3. Advocacy activities to help **build consensus and agreement** on the value of a harmonized RT process rather than two parallel RT processes

We seek to identify changes in societal actors to which the intervention has contributed in some way. Outcomes describe what actors involved in the HIV/AIDS resource tracking team are doing differently. The change can be *directly* or *indirectly* influenced by the intervention's activities and outputs. Outcomes thus are different than outputs:

OUTCOMES	OUTPUTS
Demonstrated changes in HRT system actors' behaviors – relationships, activities, actions, policies, or practices – to which the intervention has contributed. The intervention only *influences* outcomes through its activities and outputs.	Processes, goods, or services produced by the intervention's capacity-building, technical support, and analysis activities. The intervention *controls* its outputs and activities

Only the changes that represent progress towards improving the efficiency, in terms of time and resources, and the technical validity of resource tracking within the Namibian health system count as outcomes. By this we mean that the methodology used for expenditure tracking is recognized as technically valid, that creates a single methodology combining the data needs of the previous dual resource tracking exercises while still being able to fulfill the requirements of budgeting and allocative needs for the HIV/AIDS response and for the broader health system, and where the resulting reports are met with diverse stakeholder agreement and approval allowing for consistent data to inform program decisions. An underlying goal of the activity was to support better, accurate overall health system tracking and that the resource tracking exercise would become less donor dependent given one single activity as compared to two.

To count as an outcome, the change must meet these three criteria:

a) Be a demonstrated, verifiable change in behavior, process, or practice
b) Address issues related to improvements in the efficiency and reliability of resource tracking for the Namibian HIV/AIDS response or health system more broadly
c) Be influenced by the intervention's activities and outputs

Please note that there can also be negative outcomes that the intervention did not intend to influence. That is, if despite the intervention's best intentions, the intervention has influenced anyone to take action that undercuts, weakens, impairs, or otherwise undermines improved allocative efficiency for the Namibian HIV/AIDS response or health system more broadly, they should be formulated too.

Positive Outcomes	Significance of the Outcomes	Contribution to the Outcomes	Sources	Type
In 1-2 sentences please specify *when* did *who* do *what*, and *where*, that improved allocative efficiency for the Namibian HIV/AIDS response or health system more broadly	In another 1-2 sentences, please describe *why* the outcome is important for allocative efficiency within the HIV/AIDS response or Namibian health system more broadly.	Again, briefly describe *how* and *when* your intervention influenced the outcome. What did you do that directly or indirectly, in a small to large way, intentionally or not contributed to the change?	Name of the person or document who provided the information and date they did so.	Types of intervention: Technical support, Building of MoHSS capacity for self-reliance, Advocacy for consensus

Negative Outcomes	Significance of the Outcomes	Contribution to the Outcomes	Sources	Type
In 1-2 sentences please specify *when* did *who* do *what*, and *where*, that undermines allocative efficiency for the Namibian HIV/AIDS response or health system more broadly	In another 1-2 sentences, please describe *why* the outcome undermines allocative efficiency within the HIV/AIDS response or Namibian health system more broadly.	Again, briefly describe *how* and *when* your intervention influenced the outcome. What did you do that directly or indirectly, in a small to large way, intentionally or not contributed to the change?	Name of the person or document who provided the information and date they did so.	Types of intervention: Technical support, Building of MoHSS capacity for self-reliance, Advocacy for consensus

Limitations of the HRT approach	Significance of the limitation	Way forward	Sources	Type
In 1-2 sentences please specify *when* did *who* do *what*, and *where*, that undermines allocative efficiency for the Namibian HIV/AIDS response or health system more broadly	In another 1-2 sentences, please describe *why* the outcome undermines allocative efficiency within the HIV/AIDS response or Namibian health system more broadly.	Briefly describe *how* future efforts can continue to work on these limitations, in a small to large way	Name of the person or document who provided the information and date they did so.	Types of intervention: Technical support, Building of MoHSS capacity for self-reliance, Advocacy for consensus